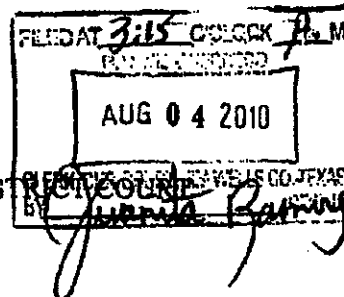


CERTIFIED

Cause No: 10-08-49239-CV



VICTOR CASTILLO and
DALIA CASTILLO, Individually
and on behalf of the Estate of
ROXANNE CASTILLO, as well as
for the benefit of AMBER DENAE
RODRIGUEZ, JOSHUA TYLER
RODRIGUEZ, RIEN JACOB
RODRIGUEZ AND JON CARLO
RODRIGUEZ, MINORS

VS.

SALDIVAR HOME HEALTH, INC.,
SALDIVAR PRIMARY HOME
CARE, INC., JASSO INSURANCE
AGENCY, LTD and HUMANA INSURANCE
COMPANY, HUMANA OF TEXAS, INC.,
HUMANA HEALTH PLAN, INC.,
HUMANA HEALTH PLAN OF
TEXAS, INC., HUMANA, INC.,
HUMANA/COMPBENEFITS, INC.,
HUMANA SPECIALITY BENEFITS AND
HUMANA HEALTH PLAN OF
CORPUS CHRISTI

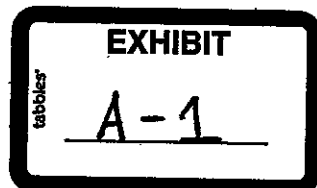
IN THE DISTRICT COURT OF JIM WELLS COUNTY TEXAS

71th JUDICIAL DISTRICT

JIM WELLS COUNTY, TEXAS

PLAINTIFFS' ORIGINAL PETITION

Come now Victor and Dalia Castillo, individually and on behalf of the Estate of Roxanne Castillo as well as for the benefit of Amber Denae Rodriguez, Joshua Tyler Rodriguez, Rien Jacob Rodriguez and Jon Carlo Rodriguez, minors, complaining of Saldivar Home Health, Inc, Saldivar Primary Home Care, Inc, Jasso Insurance Agency, Ltd., Humana Insurance Company, Humana of Texas, Inc., Humana Health Plan, Inc., Humana Health Plan of Texas, Inc., Humana, Inc., Humana/CompBenefits, Inc., Humana Speciality Benefits and Humana Health Plan of Corpus Christi, and in support hereof, will show unto the court the following:



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I.

Plaintiffs Victor and Dalia Castillo are residents of Alice, Jim Wells County, Texas.

Plaintiffs will show that all or a substantial part of the events or omissions giving rise to the claim

occurred in Jim Wells County, Texas. The last four numbers to Victor Castillo's Social Security

number are 4941. The last four numbers to Mr. Castillo's Texas driver's license number are 6786.

II.

Saldivar Home Health, Inc as well as Saldivar Primary Home Care, Inc. are Texas corporations which are headquartered in Jim Wells County, Texas which may be served with citation by serving it's registered agent for service, Margot P. Saldivar, 408 Laurel Street, Alice, Jim Wells County, Texas 78332.

III.

Jasso Insurance Agency, Ltd. is also headquartered in Jim Wells County, Texas and may be served with citation by serving it's registered agent for service, Pedro Jasso, 1523 East Main Street, Alice, Jim Wells County, Texas 78332.

IV.

Humana Insurance Company, Humana of Texas, Inc., Humana Health Plan, Inc., Humana Health Plan of Texas, Inc., Humana, Inc., Humana/CompBenefits, Inc., Humana Speciality Benefits and Humana Health Plan of Corpus Christi are corporations doing business in the State of Texas and may be served by certified mail return receipt requested by serving the registered agent for service, Corporation Service Company, 211 East 7th Street, Suite 620, Austin, Texas 78701.

V.

It has become necessary to bring this suit due to the failure of the Defendants to either pay benefits under insurance coverage available for Roxanne Castillo, or alternatively, the Defendants failed to maintain insurance coverage on Roxanne Castillo who died on October 29, 2008. The

failure of the Defendants to pay benefits and/or maintain insurance coverage was a proximate cause and/or a producing cause of damages suffered by plaintiffs. As a result the Plaintiffs are entitled to the amount of benefits that should have been paid, interest on such benefits and attorney's fees incurred in bringing this suit.

VI. REQUESTS FOR DISCLOSURE

Pursuant to Rule 194, Texas Rules of Civil Procedure, Defendants are requested to disclose, within fifty (50) days of service hereof, the information and material described in each section of Rule 194.2 of the Texas Rules of Civil Procedure (a) through (I).

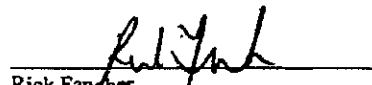
VII.

This petition is being served with Interrogatories and Request for Production, which responses are due 50 days after the date of service. A trial by Jury is requested.

PRAYER

WHEREFORE, PREMISES CONSIDERED, Plaintiffs pray that this cause be set for trial by jury, and that Plaintiffs recover judgment of and from the Defendants for actual damages in such an amount that the evidence may show and the jury may determine to be proper, together with prejudgment interest, post-judgment interest, costs of court and such other and further relief to which they may show themselves to be justly entitled.

Respectfully submitted,
BARKER, LEON & FANCHER, L.L.P.
555 N. Carancahua St., Suite 1200
Corpus Christi, Texas 78401-0843
Telephone: (361) 881-9217
Facsimile: (361) 882-9437


Rick Fancher
State Bar No. 06890300
Email: rfancher@blfmlaw.com
Attorneys for Plaintiffs

STATE OF TEXAS COUNTY OF JIM WELLS

I, R. David Guerrero District Clerk of Jim Wells County, Texas do hereby certify that the foregoing is a true and correct copy of the original record, now in my lawful custody and possession,
filed on 8/4/10 as appears

in file in my office

Witness my official hand and seal of office, this
8/5/10

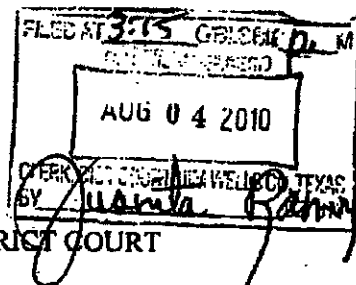
R. DAVID GUERRERO, District Clerk
Jim Wells County, Texas

By Rosie Garcia Deputy



CERTIFIED

Cause No: 10-08-49239-CV



VICTOR CASTILLO and
DALIA CASTILLO, Individually
and on behalf of the Estate of
ROXANNE CASTILLO, as well as
for the benefit of AMBER DENAE
RODRIGUEZ, JOSHUA TYLER
RODRIGUEZ, RIEN JACOB
RODRIGUEZ AND JON CARLO
RODRIGUEZ, MINORS

IN THE DISTRICT COURT

VS.

79th JUDICIAL DISTRICT

SALDIVAR HOME HEALTH, INC.,
SALDIVAR PRIMARY HOME
CARE, INC., JASSO INSURANCE
AGENCY and HUMANA, INC. And
its subsidiaries, including
HUMANA SPECIALITY BENEFITS

JIM WELLS COUNTY, TEXAS

INTERROGATORIES AND REQUESTS FOR PRODUCTION

TO: Saldivar Home Health, Inc, by and through its registered agent, Margot P. Saldivar, 408 Laurel Street, Alice, Jim Wells County, Texas 78332.

Saldivar Primary Home Care, Inc, by and through its registered agent, Margot P. Saldivar, 408 Laurel Street, Alice, Jim Wells County, Texas 78332.

Jasso Insurance Agency, Ltd, by and through its registered agent, Pedro Jasso, 1523 East Main Street, Alice, Jim Wells County, Texas 78332.

Humana Insurance Company, Humana of Texas, Inc., Humana Health Plan, Inc., Humana Health Plan of Texas, Inc., Humana, Inc., Humana/CompBenefits, Inc., Humana Speciality Benefits and Humana Health Plan of Corpus Christi, by and through its registered agent, Corporation Service Company, 211 East 7th Street, Suite 620, Austin, Texas 78701.

Instructions: The undersigned party propounds the following Interrogatories to you under the provisions of Rule 197 of The Texas Rules of Civil Procedure. These Interrogatories are being served on your attorney, and answers to the Interrogatories should, to the extent possible, be

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answered in the spaces provided. If additional space is needed, please use additional sheets or the back of the preceding page. You are notified that this party specifies that the answers to these Interrogatories shall be served on the first business day after the expiration of fifty (50) days from the date of service of these Interrogatories, and that the Interrogatories and your sworn answers may

be offered in evidence at the trial of this lawsuit.

Pursuant to the provisions of Rule 192 of the Texas Rules of Civil Procedure, you are hereby requested to produce the below designated documents (including papers, books, accounts, writings, drawings, graphs, charts, photographs or any agreements), recordings and other data compilations from which information can be obtained or translated by you, your agents or attorneys through appropriate devices into reasonably usable form, and to produce the below designated tangible things which constitute or contain matters which are in the possession, custody or control of you, your agents, servants or attorneys, for inspection, sampling, testing, photographing and/or copying within fifty (50) days after your responses to these Request for Production are due, at, 555 N. Carancahua, Suite 1200, Corpus Christi, Texas 78401-0843. You are advised that pursuant to Rule 192, you must make a written response that shall state with respect to each item or category of items that inspection will be permitted as requested and that you will comply with this Request, except to the extent that objections are made, stating specific reasons why such discovery will not be allowed. You are advised that pursuant to Rule 192, response to these Requests shall be served within fifty (50) days after receipt of the Request.

In answering the following Interrogatories and responding to the following Requests for Production, furnish all information and items available to you, including information or items in the possession of your attorneys, or their investigators, and all persons acting in your behalf, and not merely such information known of your own personal knowledge. If you cannot answer a

Interrogatory or respond to a Request in full after exercising due diligence to secure the information or item requested, so state in your answer or response and to the extent possible answer or respond stating whatever information or knowledge you have.

~~The Interrogatories and Requests which follow are to be considered as continuing, and you~~

are requested to provide by way of supplemental answers or responses hereto such additional information as you or any other person acting on your behalf may hereafter obtain which will augment or otherwise modify your answers or responses given to the Interrogatories and Requests below. Such supplemental answers and responses are to be filed and served upon this party immediately upon receipt of such information.

As used herein, the following terms shall have the meaning indicated below:

- a. "Person" means natural persons, corporations, partnerships, sole proprietorships, unions, associations, federations, or any other kind of entity.
- b. "Documents" means any printed, typewritten, hand written, mechanically or otherwise recorded matter of whatever character, including without limitation, letters, purchase orders, memoranda, telegrams, notes, catalogues, brochures, diaries, reports, calendars, inter- or intra- office communications, statements, investigative reports, announcements, depositions, answers to interrogatories, pleadings, judgments, newspaper pictures and any carbon or photographic copies of any such material if you do not have custody or control of the original. If any document requested to be identified was, but is no longer, in your possession or control, or is no longer in existence, state whether it is:
 - 1. Missing or lost,
 - 2. Destroyed,
 - 3. Transferred voluntarily or involuntarily to others, and, if so, to whom, or
 - 4. Otherwise disposed of;

and in each instance explain the circumstances surrounding an authorization of such disposition thereof, state the approximate date thereof and describe its contents.

- c. "You" and "your" shall mean the party to whom these Interrogatories and Requests are directed as well as agents, employees, attorneys, investigators and all other "persons" acting for said party.

In each Interrogatory wherein you are asked to identify a person, state with respect to such person as follows:

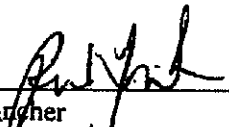
- a. His/her full name.
- b. His/her last known address and telephone number.

If the person to be identified is not a natural person (e.g., a corporation) give its name and address and principal business activity.

If you object to identifying any person as hereinabove defined, or producing any item requested, or you feel that a court order should be obtained by this party, please so state in your answer to the Interrogatory or response to a Request for Production.

Respectfully submitted,

BARKER, LEON & FANCHER, L.L.P.
555 N. Carancahua St., Suite 1200
Corpus Christi, Texas 78401-0843
Telephone: (361) 881-9217
Facsimile: (361) 882-9437



Rick Fancher
State Bar No. 06800300
Attorneys for Plaintiffs

INTERROGATORIES AND REQUEST FOR PRODUCTION

INTERROGATORY NO. 1:

~~Please identify by name, address and phone number any and all persons with knowledge of relevant~~
facts made the basis of this suit.

INTERROGATORY NO. 2:

Explain the types of insurance coverage for Roxanne Castillo.

INTERROGATORY NO. 3:

If Defendant contends that Ms. Castillo's insurance coverage was terminated prior to her death then explain the basis of such contention.

REQUEST FOR PRODUCTION NO. 1:

Please produce copies of all medical insurance coverages for Roxanne Castillo from 1-1-2003 to the time of her death.

REQUEST FOR PRODUCTION NO. 2:

Please produce copies of all life insurance coverages for Roxanne Castillo from 1-1-2003 to the time of her death.

REQUEST FOR PRODUCTION NO. 3:

Please produce copies of all cancellations on any insurance coverages for Roxanne Castillo from 1-1-2003 to the time of her death, including the reason for such cancellations, if any.

REQUEST FOR PRODUCTION NO. 4:

Please produce copies of all reinstatements on any insurance coverages for Roxanne Castillo from 1-1-2003 to the time of her death, including the reason for such reinstatements.

REQUEST FOR PRODUCTION NO. 5:

Please produce copies of all beneficiaries under any life insurance policy from 1-1-2003 to the time of Roxanne Castillo's death, including any changes of beneficiaries and any reasons for changes of beneficiaries.

REQUEST FOR PRODUCTION NO. 6:

Please produce copies of all benefits paid under any life insurance policy issued for Roxanne Castillo.

REQUEST FOR PRODUCTION NO. 7:

Please produce the complete personnel file on Roxanne Castillo.

REQUEST FOR PRODUCTION NO. 8:

Please produce all documents in the possession of the Defendants concerning Roxanne Castillo.

STATE OF TEXAS
COUNTY OF JIM WELLS

I, R. David Guerrero District Clerk of Jim Wells
County, Texas do hereby certify that the fore-
going is a true and correct copy of the original
record, now in my lawful custody and possession,
filed on 8/4/10 as appears

in File in my office

Witness my official hand and seal of office, this

8/5/10
R. DAVID GUERRERO, District Clerk
Jim Wells County, Texas

By Rose Garcia Deputy

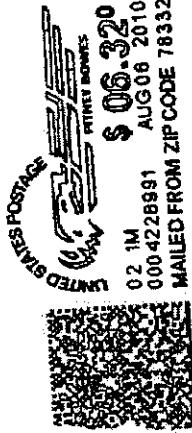


R. DAVID GUERRERO
DISTRICT CLERK, JIM WELLS COUNTY
P.O. DRAWER 2219
ALICE, TX 78333

CERTIFIED MAIL



7009 0960 0000 7446 8549



CERTIFIED MAIL
RETURN RECEIPT REQUESTED

HUMANA INSURANCE COMPANY, HUMANA OF TEXAS, INC
HUMANA HEALTH PLAN INC., HUMANA HEALTH PLAN
OF TEXAS, INC. HUMANA, INC., HUMANA/
COMPENEFITS, INC., HUMANA SPECIALITY BENEFITS
AND HUMANA HEALTH PLAN OF CORPUS CHRISTI
BY SERVING ITS REGISTERED AGENT
CORPORATION SERVICE COMPANY
211 EAST 7TH STREET, SUITE 620
AUSTIN, TEXAS 78701